



Hello everyone,

As another year draws to a close I'd like to thank everyone for making the Bipolar Aberdeen group a success this year. It is always wonderful to see everyone benefit from the self help group, website as well as the newsletter. We will continue to strive to success having a productive year planned for next year. Few of the highlights are a talk on Bipolar for Prof Ian Reid and a self management training course. We are always open to suggestions on what you would like to see/do.

Finally from the Bipolar Aberdeen Committee
We wish everyone

*Merry Christmas
and a
Happy New Year*



We hope to see you in the New Year.

Self-Help Support Group Meeting

There will be no group in December

The dates of the meetings for the start of 2012

January 26th, Professor Ian Reid, from the University of Aberdeen, will give a talk on Bipolar

February 23rd Open discussion: Relationships with family, friends and carers

March 29th Open discussion: TBC

Time and location

**7pm-9pm at the Midstocket Church
Community Centre, 35 Midstocket Road,
Aberdeen, AB15 5JL**

Self-Management Training (SMT)

The course is for people with a diagnosis of bipolar disorder and aims to help people identify the triggers for episodes of illness and develop coping strategies. Much of the recovery from bipolar is rooted in the ability of the person to manage the condition.

Bipolar Scotland runs the training course which is modular and teaches people how to recognize personal triggers and early warning signs, which in turn will enable participants to understand how and when to take action to prevent the mood shift from escalating to **severe depression** or **mania**.

The course is modular and the content is as follows:

- Module 1** Acceptance
- Module 2** Triggers and warning signs
- Module 3** Coping strategies and medication management
- Module 4** Focusing on the future
- Module 5** Bringing it all together

The SMT course is run over two consecutive Saturday's and a follow up session held one month later (again on a Saturday).

For the first two Saturday's the course is run between 10.00 am – 4.30pm. The follow up session on the third Saturday is held between 10am – 12.30pm.

Participants need to be well enough to fully take part in all three days and must be prepared to cover topics which can be challenging.

Please note there is no cost for the course. Also lunch and refreshments will be provided.

Bipolar Scotland will run a Self-Management Training course in Aberdeen, in early spring 2012, dependant on numbers and interest. If you are interested in taking part please email bipolar.abdn@gmail.com as soon as you can.

Hope Street Madness Defeated

Edited by James Gerard McGinley and John Sawkins

'Weaving Hope through Life'



Hope Street is a new book that focuses on lived experiences, coping mechanisms, endurance, hope and recovery in the world of mental ill health. Hope Street takes readers on an inspiring global journey, giving an insight into different mental health environments. The book focuses on five individuals who have experienced mental ill health and are now in recovery. Most hold down full time jobs, are engaged in meaningful activities and are stronger as a result of their experiences.

More and more people around the world are coming to live on Hope Street; hence taking the first steps towards recovery. The stories, contacts, and research in this book have shown that recovery is now possible.

The writers involved in this book have bravely come forward to inspire others. Their message is simple: "There is always Hope."

For more information contact: **James Gerard McGinley BA Journalism**

E mail: jamesgerardmcginley@gmail.com

Or: **John Sawkins (author of *Rare Frequencies* and *Defragmenting the Soul*)**

E mail: john.sawkins246@btinternet.com

**Hope Street will be available on
amazon.co.uk and at
www.chipmunkpublishing.co.uk
before Christmas**

Research participants needed

Dr Jess Sussmann, who carries out research into bipolar disorder at University of Edinburgh, is currently looking for people aged between 35 - 51 years of age who have a bipolar diagnosis and have a brother/sister in the same age range (who does not have a bipolar or depression diagnosis) who would be prepared to take part in a research project. The project would entail both participants having a MRI scan at the Western General Hospital in Edinburgh and tests on memory and attention span. The whole thing would take about 1/2 day. Transport costs would be met by the university.

If you are interested in taking part please contact Dr Sussmann on jess.sussmann@ed.ac.uk or phone 0131 537 6289

Wanted: Female volunteers

New Book on Bipolar Disorder by Declan Henry – Irish Author.

Wanted: Female volunteers who would like to share their experiences of bipolar.

Author's Profile:

Declan Henry is a registered social worker who has been working in the profession since 1993. He is a postgraduate of Kings College, London, where he became a Master of Science in mental health social work.

Declan also worked for the past seven years with young offenders, both in custody and in the community. These young people are considered to be among the most wayward and dangerously disturbed in the UK. Prior to this he worked in forensic mental health in London, working with mentally disordered offenders, many of whom had severe personality disorders and committed very significant crimes, including murder and serious sexual offences.

Declan is a prolific writer and has written several short stories and articles. His first book, *Glimpses*, was a collection of short stories about disaffected teenagers. His second book, *Buried Deep in my Heart*, is an account of his happy childhood growing up in County Sligo. His website is: www.declanhenry.co.uk

Declan can be contacted via email at: declanhenry@hotmail.com

Seasonal affective Disorder

SAD (Seasonal Affective Disorder) is a type of winter depression that affects an estimated 7% of the UK population every winter between September and April, in particular during December, January and February.

It is caused by a biochemical imbalance in the hypothalamus due to the shortening of daylight hours and the lack of sunlight in winter. For many people SAD is a seriously disabling illness, preventing them from functioning normally without continuous medical treatment. For others, it is a mild but debilitating condition causing discomfort but not severe suffering.

The symptoms of SAD usually recur regularly each winter, starting between September and November and continuing until March or April. The symptoms may include a number of the following: Depression, sleep problems, lethargy, over eating, difficulty with concentration and memory, irritability, anxiety, and loss of libido

SAD symptoms disappear in spring, either suddenly with a short period (e.g. four weeks) of hypomania or hyperactivity, or gradually, depending on the intensity of sunlight in the spring and early summer.

Light therapy has been shown to be effective in up to 85 per cent of diagnosed cases. That is, exposure, for up to four hours per day (average 1-2 hours) to very bright light, at least ten times the intensity of ordinary domestic lighting.

Ordinary light bulbs and fittings are not strong enough. Average domestic or office lighting emits an intensity of 200-500 lux but the minimum dose necessary to treat SAD is 2500 lux. The intensity of a bright summer day can be 100,000 lux. Light treatment should be used daily in winter (and dull periods in summer) starting in early autumn when the first symptoms appear.

It consists of sitting two to three feet away from a specially designed light box, usually on a table, allowing the light to shine directly through the eyes. The user can carry out normal activity such as reading, working and eating while stationary in front of the box. It is not necessary to stare at the light although it has been proved safe. Treatment is usually effective within three or four days and the effect continues provided it is used every day. Some light boxes emit higher intensity of light, up to 10,000 lux, which can cut treatment time down to half an hour a day.



Anti-Depressant Drugs

The non-sedative SSRI drugs such as sertraline (Lustral), paroxetine (Seroxat) and fluoxetine (Prozac) are effective in alleviating the depressive symptoms of SAD and combine well with light therapy. Other psychotropic drugs e.g. lithium, benzodiazepines have not proved widely useful in the treatment of SAD.

Information reference from www.sada.org.uk

The information provided above does not substitute for that provided by a doctor, psychiatrist or other health professional. Please consult your GP for further information.

Please note there is still much debate about the connection between Seasonal Affective Disorder and Bipolar, although both are mood disorders. As a general use light therapy is used in the morning to prompt biological responses that make you feel more energetic and alert upon waking. It has been shown that some people with Bipolar responded extremely well to this but in some cases a mixed state occurred, with symptoms of depression and mania occurring all at once. If you have Bipolar please don't rush out and buy a light box. Also lithium as suggested is not beneficial for SAD but it is a very effective treatment for bipolar.

Science News

Common Genetic Contributions to Mental Illness Discovered

Science Daily (Sep. 19, 2011) — A team of over 250 researchers from more than 20 countries have discovered that common genetic variations contribute to a person's risk of schizophrenia and bipolar disorder.

The study of more than 50,000 adults ages 18 and older provides new molecular evidence that 11 DNA regions in the human genome have strong association with these diseases, including six regions not previously observed. The researchers also found that many of these DNA variants contribute to both diseases.

A study was carried out which examined all or most of the genes of different individuals to see how much the genes vary from individual to individual.

The study that focused on schizophrenia identified strong evidence for seven different places in the human genome, five of which were new and two previously implicated, that contain DNA changes that are significantly associated with schizophrenia. In a joint analysis of schizophrenia and bipolar disorder samples, three different DNA regions, showed similar variation between individual in both disorders.

This tells us that these disorders, which many of us have considered to be separate things, actually share fundamental similarity.

Schizophrenia and bipolar disorder are common and often devastating brain disorders. Some of the most prominent symptoms in schizophrenia are persistent delusions, hallucinations and cognitive problems. Bipolar disorder (or manic-depressive illness) is characterized by episodes of severe mood problems including mania and depression. Both affect about 1 percent of the world's population and usually strike in late adolescence or early adulthood. Despite the availability of treatments, these illnesses are usually chronic, and response to treatment is often incomplete leading to prolonged disability and personal suffering. Family history, which reflects genetic inheritance, is a strong risk factor for both schizophrenia and bipolar disorder, and it has generally been assumed that dozens of genes, along with environmental factors, contribute to disease risk.

Scientists are studying on the order of 90,000 individuals across multiple disorders, trying to do something for the greater good, which is effectively to go as far and as deep as we can in understanding the genetics of mental illness.





Enjoy Top Tips to Survive Christmas

Christmas can be a stressful time

The top tips to survive and thrive this Christmas season include:

- Have realistic expectations of yourself – Only do things you know you are capable of
- Don't get overloaded by a busy Christmas schedule - prioritise and know that less is more
- Don't try to do it all on Christmas Day - spread your jobs out over a few days
- Try to work together with family and friends, more hands make light work
- Show appreciation to those who have helped out
- If you are alone, make a plan to do something you enjoy or get together with friends
- If it's not possible to meet someone on Christmas day ask a friend or family member to contact you to check if you are ok.
- Budget well and plan ahead
- Find even a small amount of time everyday to just "chill out and relax"
- Get enough sleep: Chronic sleep deprivation can affect your mood which can be a key factor in raising stress levels
- Limit your intake of alcohol
- Eat healthy: Cut back on stimulants like caffeine and sugar
- **SEEK PROFESSIONAL HELP IF YOU NEED IT:** If you feel that depression is getting the better of you, there are lots of people that can help



What happens if someone you care for gets depressed during the Winter period?

Get to know the warning signs, watch out for changes in their behaviour and thought patterns. Keeping a diary can help to spot the changes in mood.

Encourage the person to join a self help group, talking about things before it becomes too difficult with people who understand how they are feeling can be a very effective way of stopping “small” problems from becoming BIG problems. If the person is unwilling or unable to attend, join a group yourself. Bipolar Scotland self help groups, including Bipolar Aberdeen is open to Carers as well. The recovery process after a depressive episode can hugely benefit from being able to release emotions in a safe environment.

Encourage the person to take time to relax, to do things they enjoy no matter how insignificant it may seem, whether it may be re-arranging cupboards, walking on the beach, watching a favourite video or going for a brisk walk.

Keeping physically active can keep the mind alert too!

Help the person to recognise and avoid stressful or upsetting situations, not reading newspapers or watching distressing TV news can help, learn to take “time-out” from problems, for both of you.

Many people find depression follows a manic episode. This can be particularly difficult to deal with, as actions taken during mania can ruin both personal and professional relationships and leave lasting financial damage.

Support at this time is vitally important. Regular contact with the Community Psychiatric Nurse or Mental Health Team would be encouraged. Help from Advocacy services and mental health projects can be invaluable to recovery.

Depression itself is still a largely mis-understood state but trying to explain to people the reasons for someone’s bizarre behaviour can sometimes bring unexpected result.



Some Symptoms of Depression to look out for include:

- Finding it difficult to communicate, having little or nothing to say, not wishing to meet people or go outdoors.
- Sleeping too little or too much, not wanting to wake up in the morning.
- Crying for no reason or getting little worries blown up out of proportion.
- Feeling worthless, useless, insignificant – “it’s all my fault”.
- Easily irritated, snapping at simple questions, seeing criticism in innocent comments.
- Unable to enjoy things, constant low mood.

Referenced from Bipolar Scotland’s leaflet on CARERS DEALING WITH DEPRESSION



Wonderful winter recipe

Pear and Parsnip Soup

If you feel like something healthy and seasonal amidst all the rich festive food at this time of year this is a great soup to try.

Pear and parsnip may sound like an odd match, but they beautifully complement each other in this soup.

Soups make a great winter warmer and a low-fat lunch at any time of the year.

Recipe Serves:

This Recipe Serves 4.

Recipe Ingredients:

- 4 ripe pears, cored, peeled and chopped
- 3 large parsnips, peeled and roughly chopped
- 1 leek, washed and finely chopped
- 750ml vegetable stock

Recipe Method:

1. Place pears, parsnips, leek and vegetable stock in large pot.
2. Cook over low heat for approximately ½ hour, or until all vegetables are soft.
3. Blend soup using a hand blender or in food processor until smooth.
4. To add an extra kick you could add a touch of ginger and curry powder for a delicious flavour.
5. Feel free to serve this with your favourite wholemeal or whole-grained bread.

Enjoy...

All the best for a healthy winter